Financial Aid and Awards Office

Undergraduate Award Bulletin Susan Levin-Woods Scholarship

The Susan Levin-Woods Scholarship was established through the generosity of Mrs. Susan Levin-Woods, a graduate of Concordia University.

Eligibility: This scholarship is awarded annually to a Canadian woman who has

demonstrated excellence in her studies.

Applicants must be pursuing a degree in any area of study at Concordia University on a full-time or part-time basis while following a career path,

or bringing up a family.

Applicants must have successfully completed at least thirty (30) credits at Concordia University towards their current degree of study (transfer credits from other institutions excluded), as well as an Assessment GPA

for 2019-2020 of at least 3.30.

Status: Applicants must be full-time or part-time at Concordia University in

Fall/Winter 2020-2021.

This scholarship is open to Canadian Citizens only.

Value: 1 Award - \$900.00

APPLICATION DEADLINE: March 10, 2021 at 5:00 p.m.

Students wishing to be considered for this scholarship must attach their personal statement to their completed application form.

In order to apply for this Application Based Award, you must submit all documentation securely in your MyConcordia Portal through your Student center.

Detailed instructions on the process can be found at the following link:

https://www.concordia.ca/students/financial-support/scholarships-awards/upload-process-for-concordia-application-based-awards.html

For more information on Undergraduate In-Course Awards, visit the **Financial Aid and Awards Office Website**:

http://www.concordia.ca/students/financial-support/scholarships-awards.html



Susan Levin-Woods Scholarship Application Form 2020

APPLICANT'S PERSONAL INFORMATION					
(Please print clearly)				
Family Name:	Given Name:	Given Name:			
Student I.D.:		Social Insurance	_ <u>Social Insurance Number</u> : / /		
E-Mail Address:		Date of Birth (M			
Current Address:	itreet			Apartment	
ō	City			Province	
-	to the Conde	Telephone:	Home ()	
P	ostal Code		Work ()	
<u>Is this your Parent's Address?</u>	□ Yes	□ No			
Your Marital Status:	□ Single	□ Married □ Div	orced	□ Separated	
Number of Dependent Children You Have: Their Ages:					
[Please provide a copy of ch	ild(ren)'s birth certific	cate(s)]			
Your Faculty of Study:		Department:	Department:		
REQUIRED CANDIDATE STATEMENT:					
Please include with your application form a written statement (500 to 700 words) explaining why you returned to studies (whether full-time or part-time) and what your personal, professional and academic objectives are.					
In submitting my application I understand that, in the event I am selected to receive this scholarship, my name and program will be provided to the donor(s) of the scholarship as part of the University's annual donor reports, and that the information contained in my University application and in the present application may be used in the University's marketing materials and publications.					

STUDENT SIGNATURE: _____ DATE: _____